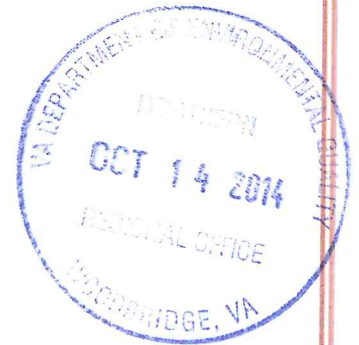




T.A. HOUSTON & ASSOCIATES LTD.
CONSULTING GEOLOGISTS-SOIL SCIENTISTS

P.O.BOX 891
CULPEPER, VIRGINIA 22701
540-825-6262
FAX 540-829-0225
October 9, 2014



DEQ-NRO
13901 CROWN COURT
WOODBIDGE, VIRGINIA 22193

ATTN: SUZAN MACKERT

**RE: JEFFERSON HOME BUILDERS
CULPEPER WOOD PRESERVERS
VPDES PERMIT # VA0059145**

Dear Suzan:

In accordance with your letter of October 8th, 2014 enclosed is the following information concerning re-issuance of the VPDES permit on the above captioned facility.

1. Form 3510-1. (2 Pages)
 2. Site tax map with Topo.
 3. Aerial Imagery of site.
 4. USGS Topo map of site.
 5. Site map.
 6. Form 3510-2F. 5 pages
 7. Public notice authorization.
 8. Section L form.
 9. Tax map information. 2 pages
- Total of 16 pages.

I trust the enclosures will be adequate for you to process the application. In the event you need additional information or if I can be of further assistance please do not hesitate to call.

Sincerely,

T. A. Houston, Jr.
President

CC: Mr. J. R. Daniel
Jefferson Homebuilders, Inc.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER VAR000004846	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		YES	NO	FORM ATTACHED	
			X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X			
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)			X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)			X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
III. NAME OF FACILITY					
C. SKIP CULPEPER WOOD PRESERVERS					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 DANIEL, JOSEPH R. PRESIDENT					
B. PHONE (area code & no.)					
(540) 825-5898					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 1148					
B. CITY OR TOWN					
C. STATE					
D. ZIP CODE					
CULPEPER VA 22701					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 15487 BRAGGS CORNER ROAD					
B. COUNTY NAME					
CULPEPER					
C. CITY OR TOWN					
D. STATE					
E. ZIP CODE					
F. COUNTY CODE (if known)					
6 CULPEPER VA 22701					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	2	4	9	1	(specify)	WOOD PRESERVERS					C	7					(specify)					
15	16	17	18	19							15	16	17	18	19								
C. THIRD										D. FOURTH													
C	7					(specify)						C	7					(specify)					
15	16	17	18	19							15	16	17	18	19								

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in item VIII-A also the owner?														
C	8	JEFFERSON HOME BUILDERS INC.																							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
15	16																																						
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																									D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					(specify)														
																				56					55														
E. STREET OR P.O. BOX																																							
P.O. BOX 1148																																							
F. CITY OR TOWN																									G. STATE					H. ZIP CODE					IX. INDIAN LAND				
C	B	CULPEPER																							VA					22701					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16																								40 41					42 47					51 52				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	T	I	9	N	VA0059145										C	T	I	9	P										
15	16	17	18		30										15	16	17	18		30									
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	T	I	9	U											C	T	I	9		(specify)									
15	16	17	18		30										15	16	17	18		30									
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	T	I	9	R	VAR000004846										C	T	I	9		(specify)									
15	16	17	18		30										15	16	17	18		30									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

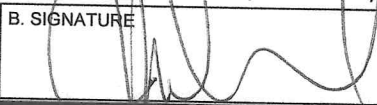
XII. NATURE OF BUSINESS (provide a brief description)

PRESSURE TREATING WOOD FACILITY

DIMENSIONAL WHITE PINE LUMBER IS TREATED WITH A 1% SOLUTION OF MCA (MICRONIZED COPPER AZANOL) EPA REG #NO. PHIBROWOOD #84661-4. IN ADDITION A SMALL PERCENTAGE OF WOOD IS TREATED WITH AA 1-2% SOLUTION OF BORATE (DISODIUM OCTABORATE TETRAHYDRATE EPA #. 12280-03-4.

XIII. CERTIFICATION (see instructions)

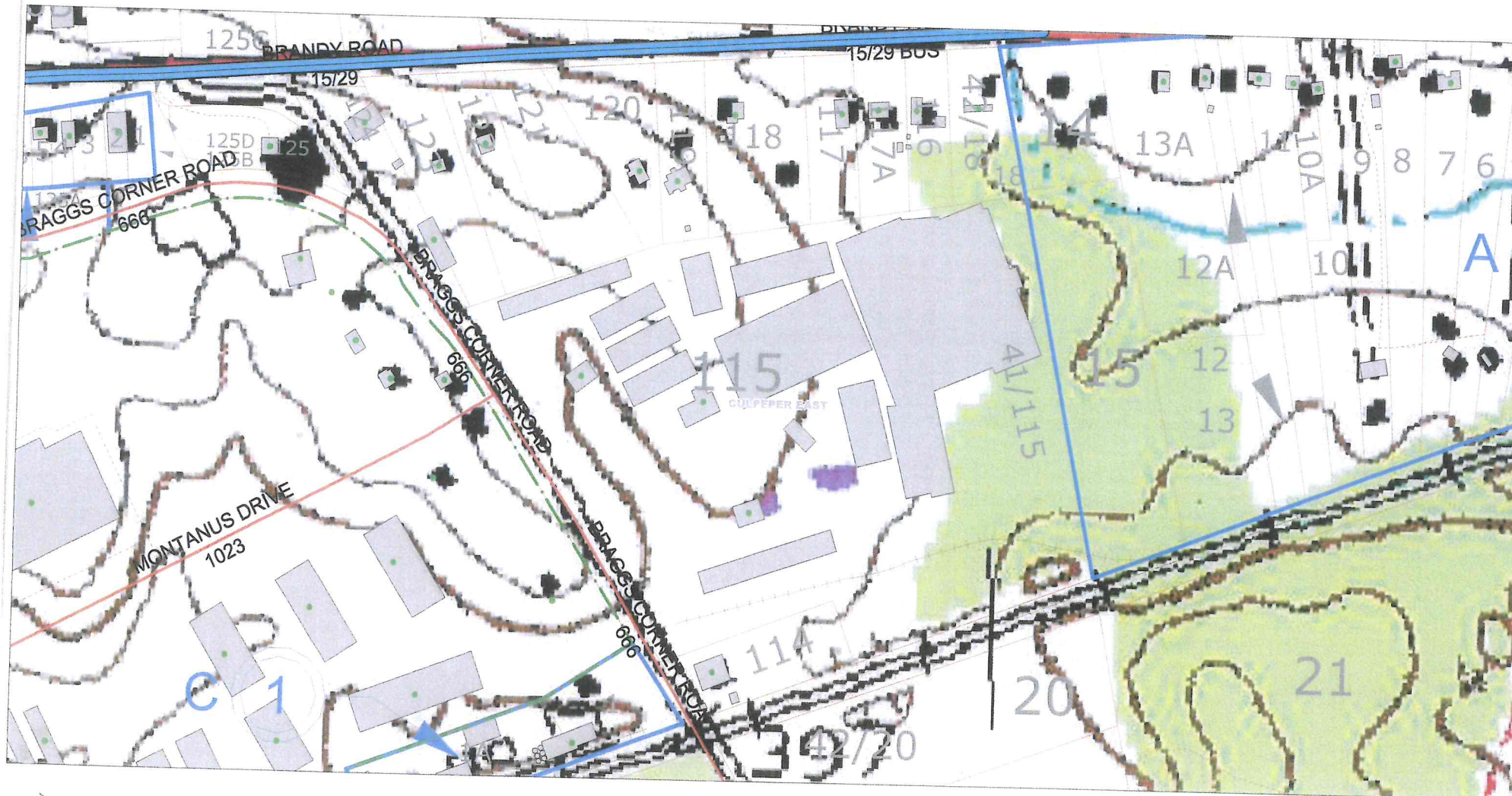
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
JOSEPH R. DANIEL, PRESIDENT																														9/2/14									

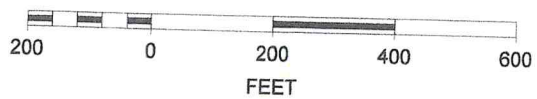
COMMENTS FOR OFFICIAL USE ONLY

C																									
C																									
15	16																								55

CULPEPER WOOD PRESERVERS



SCALE 1 : 3,633



N

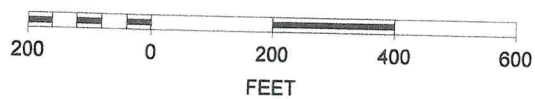


17905/16

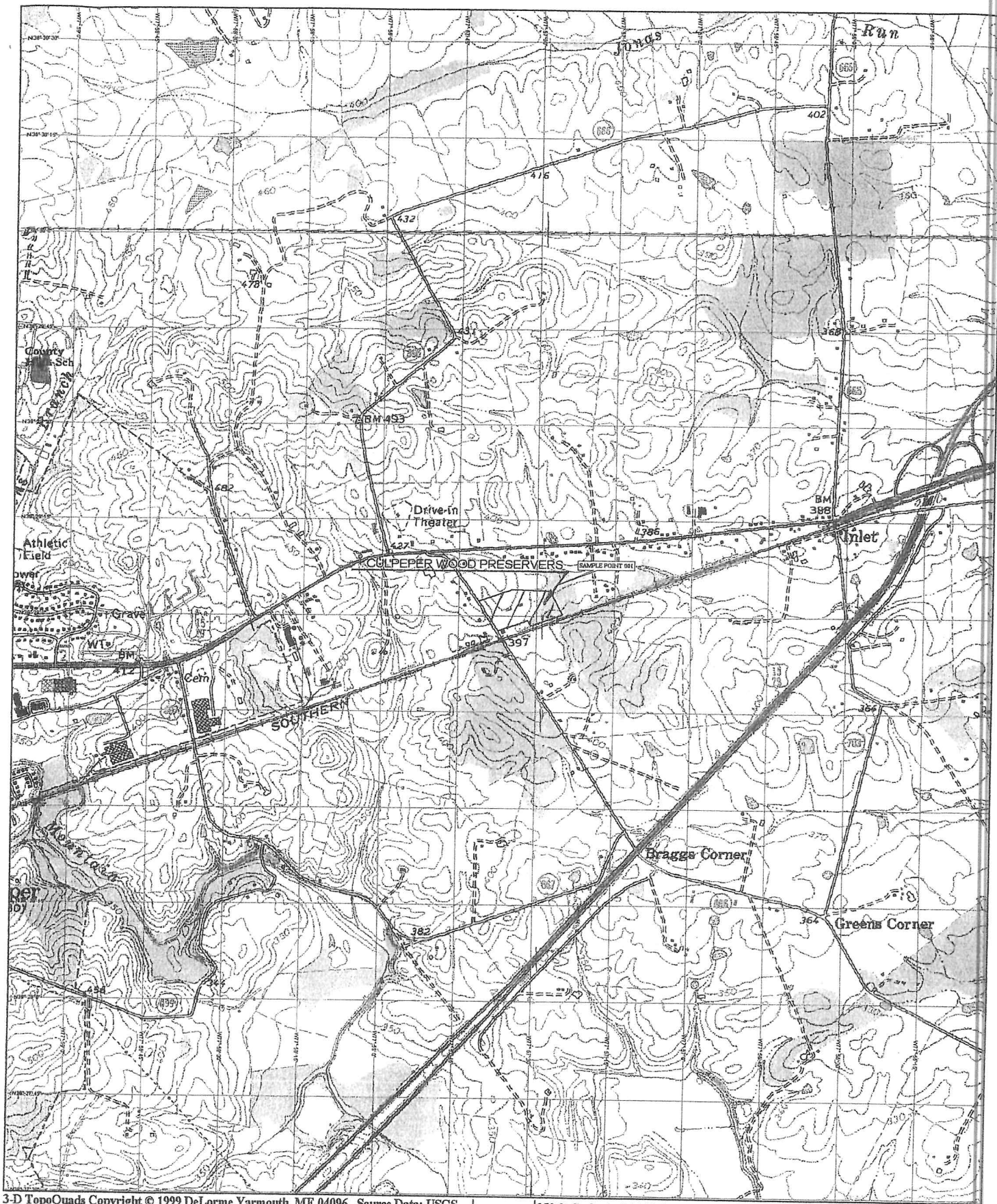
CULPEPER WOOD PRESERVERS



SCALE 1 : 3,633



P4 0-16

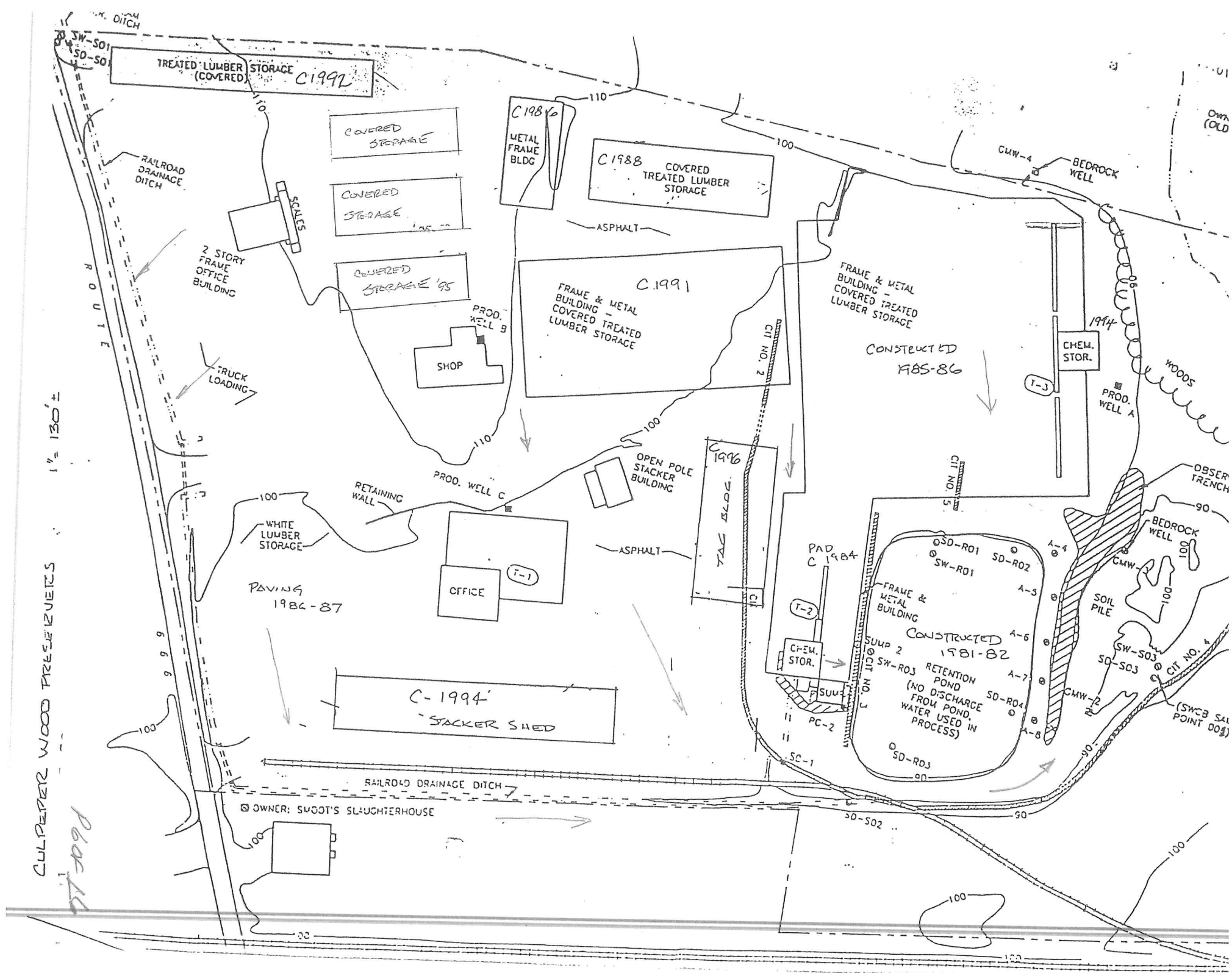


3-D TopoQuads Copyright © 1999 DeLorme Yarmouth, ME 04096 Source Data: USGS

950 ft Scale: 1 : 24,000 Detail: 14-0 Datum: WGS84

CULPEPER EAST QUAD.

P5 OF 16



**FORM
2F
NPDES**



U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Paperwork Reduction Act Notice
Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

[illegible]

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

[illegible]

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

P70F16

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	10.0 AC.	13.0 AC.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

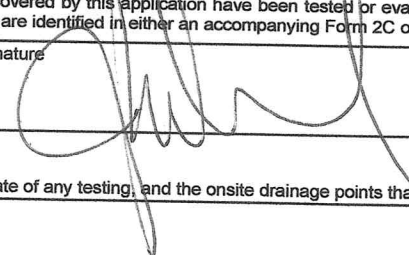
THE PRESSURE TREATING PROCESS THAT OCCURS ON SITE IS CONFINED TO COVERED DRIP PADS. DIMENSIONAL LUMBER IS SORTED AND STACKED TO FIT THE PRESSURE TREATMENT VESSEL. THE TREATMENT PROCESS OCCURS WITHIN THE TREATING CYLINDER A VACUUM IS APPLIED TO REMOVE EXCESS WATER IN THE WOOD THEN THE CYLINDER IS FLOODED WITH A 1% SOLUTION OF MICRONIZED COPPER AZANOL. ANOTHER VACUUM IS PULLED AND EXCESS CHEMICAL IS REMOVED FROM THE CYLINDER. THE WOOD IS REMOVED AND PLACED ON THE DRIP PAD UNTILL DRIPPAGE CEASES. THE LUMBER IS NOW STORED UNDER ROOF UNTILL SHIPMENT TO CUSTOMERS.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	THE TREATED WOOD IS STORED UNDER ROOF TO MINIMIZE EXPOSURE TO RAIN FALL. THE MAJORITY OF RUN OFF IS FROM ROOF DRAINAGE AND ASPHALT PAVEMENT.	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
JOSEPH R. DANIEL, PRESIDENT		9/2/14

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

ANNUAL 48 HOUR STATIC ACUTE USING C DUBIA AND P. PROMELAS THE LC-50 .100% ,1.0% ALL TEST PASSED & REPORTS ON FILE @DEQ-NRO

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
BSS, INC.	P.O. BOX 520 CULPEPER, VA 22701	540-825-6660	AMMONIA, AS, N, HARDNESS, COPPER.

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)

JOSEPH R. DANIEL, PRISIDENT

B. Area Code and Phone No.

(540) 825-5898

C. Signature

D. Date Signed

9/2/14

P90F16

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B –	List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.
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EPA Form 3510-2F (1-92)

P10 OF 16

CULPEPER WOOD PRESERVERS

VPDES PERMIT # VA009145

DATE	Ph	AMMONIA MG/L	HARDNESS MG/L	COPPER DISS. MG/L	FLOW MGD EST.
10/5/2013	6.5	0.13	15.1	0.138	2.2
2/25/2014	8.1	0.18	54.7	0.155	0.07
5/12/2014	6.94	0.34	44.5	0.151	0.2
8/13/2014	6.69	0.28	20.8	0.181	0.5

NOTE ALL RUN OFF DATA IS ON e-DMR

P1105-16

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
N/A	SEE EDMR				

7. Provide a description of the method of flow measurement or estimate.

Q X C X A = EST. OF RUN OFF IS IN GALLONS

P12 OF 16

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Mr. Joseph R. Daniel / President

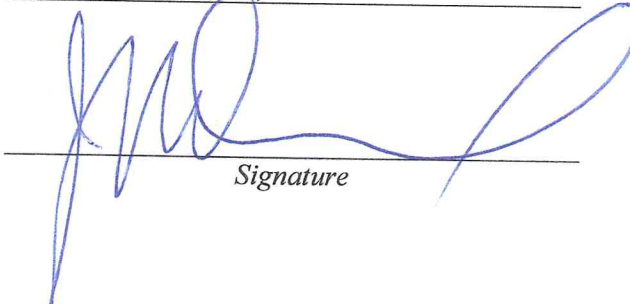
Owner: Culpeper Wood Preservers

Applicant's Address: P.O. Box 1148

Culpeper, VA 22701

Agent's Telephone Number: (540) 825-5898

Authorizing Agent:


Signature

VPDES Permit - VA0059145

Facility Name – Culpeper Wood Preservers

Please return to:

Susan Mackert
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703) 583-3821

P130F16

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Culpeper Wood Preservatives, Inc.
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Y ☒ N
3. Provide the tax map parcel number for the land where the discharge is located. TM 41-P 115 ATTACHED
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? "0" NONE
5. What is the design average effluent flow of this facility? N/A MGD
For industrial facilities, provide the max. 30-day average production level, include units:

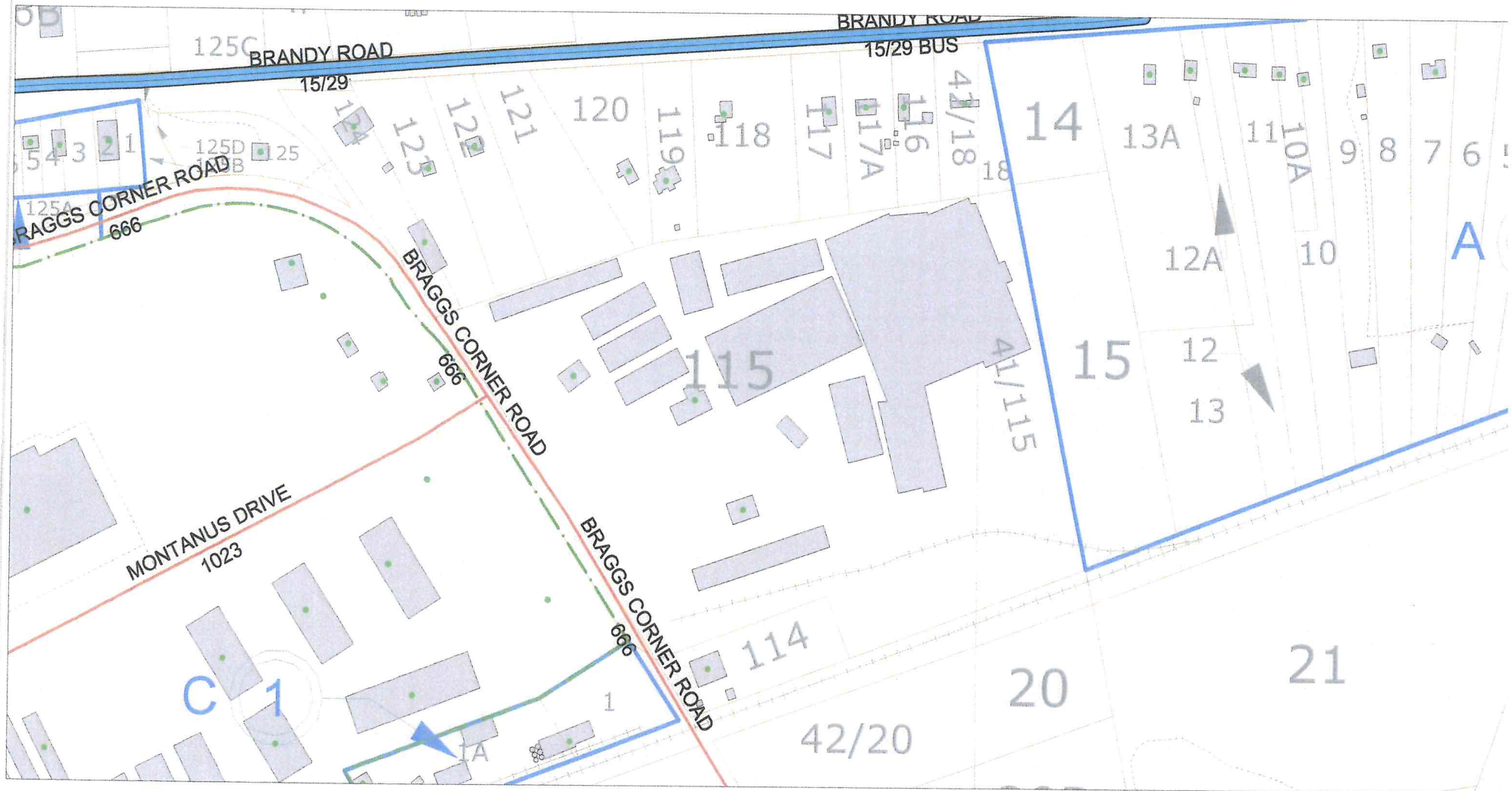
In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y ☒ N

If "Yes", please identify the other flow tiers (in MGD) or production levels: _____
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

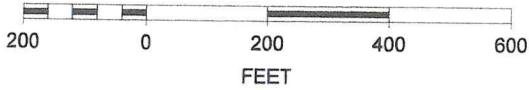
6. Nature of operations generating wastewater:
STORM WATER RUN OFF
- 0 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works:
0 % of flow from non-domestic connections/sources
7. Mode of discharge: Continuous ☒ Intermittent Seasonal
Describe frequency and duration of intermittent or seasonal discharges:
RAIN FALL RUN OFF
8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
☐ Permanent stream, never dry
☐ Intermittent stream, usually flowing, sometimes dry
☒ Ephemeral stream, wet-weather flow, often dry
☐ Effluent-dependent stream, usually or always dry without effluent flow
☐ Lake or pond at or below the discharge point
☐ Other: _____
9. Approval Date(s):
O & M Manual _____ 2013 Sludge/Solids Management Plan N/A
+ ANNUAL REVIEW
Have there been any changes in your operations or procedures since the above approval dates? Y ☒ N

P140F16

CULPEPER WOOD PRESERVERS JEFFERSON HOME BUILDERS, INC.



SCALE 1 : 3,633



P150416



Parcel Number	41 115
Zoning	HI
Owners Name	JEFFERSON HOMEBUILDERS INC
Address 1	
Address 2	
Address 3	PO BOX 1148
City	CULPEPER
State	VA
Zip Code	22701
Zip + 4	
Acreage	21.58
Land Use Code	4
Description 1	
Description 2	
Description 3	
Description 4	
Improved Value	1271700
Land Value	517900
Other Improvements	1524590
Total Property Value	1789600
Year Built	1986
Year Sold	1979
Deed Book	292
Deed Book Page	707

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